



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: UNION HOSPITAL CLINTON

City of Hospital: Clinton

Year Begin: 09/01/2011 (mm/dd/yyyy format)

Year End: 08/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-1326 ; 15-Z326

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$15996332
Outpatient Patient Service Revenue	\$55615173
Total Gross Patient Service Revenue	\$71611505

2. Deductions From Revenue

Contractual Allowance	\$37880735
Other Deductions	\$8351969
Total Deductions	\$46232704

3. Total Operating Revenue

Net Patient Service Revenue	\$25378801
Other Operating Revenue	\$373091
Total Operating Revenue	\$25751892

4. Operating Expenses

Salaries and Wages	\$9206004	Employee Benefits	\$2059391
Depreciation and Amortization	\$992870	Interest Expense	\$3909
Bad Debt	\$0	Other Expenses	\$8663489
Total Operating Expenses	\$20925663		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4826229	Total Assets	\$0
Net Non-operating Gains over Loss	\$-1217	Total Liabilities	\$0
Total Net Gains	\$4825012		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$28460305	\$17050208	\$11410097
Medicaid	\$13015777	\$11391498	\$1624279
Other Government	\$0	\$0	\$0
Other State	\$158601	\$147823	\$10778
Other Payers	\$21624853	\$9291206	\$12333647
Total	\$63259536	\$37880735	\$25378801

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1600	\$-1600

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$3520	\$133602	\$-130082
Hospital Patients	\$0	\$35722	\$-35722
Community Education	\$0	\$9253	\$-9253

Number of Medical Professionals Trained	121
Number of Hospital Patients Educated	12495
Number of Citizens Exposed to Health Education Messages	9592

Statement Six: Charity Statement

Hospital Charity Charges	\$3648826
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1242902	
HCI Payments	\$0		
Subtotal	\$0	\$1242902	\$-1242902
Medicaid Shortfalls	\$0	\$2562246	
Subtotal	\$0	\$3805148	\$-3805148
DSH Payments	\$187,634		
Subtotal	\$187634	\$3805148	\$-3617514
Medicare Shortfalls	\$0	\$8183766	
Other Government Programs	\$0	\$0	
Total	\$187634	\$11988914	\$-11801280

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$31079	\$-31079
Other Allocations	\$0	\$0	\$0